

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 4 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33176**
Registrar's No. **4097**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **GENERAL HOSPITAL #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 hrs. 50 min.**
(Specify whether
In this community **36 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **KATIE WRIGHT**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **UNKNOWN**
6. (c) Age of husband or wife if alive **1** years **1891**
7. Birth date of deceased **OCTOBER**
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **4**
If less than one day **hr. min.**

9. Birthplace **NASHVILLE KENTUCKY**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **ADAM PARISH**
13. Birthplace **NOT KNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **SUSAN**
15. Birthplace **NOT KNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **SON: OLIVER RAY**
(b) Address **1314 Holmes Street**

17. (a) **Burial** (b) Date thereof **10/11/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Watkins Bros**

18. (a) Signature of funeral director **Lydia**
(b) Address **1729**
19. (a) **10-8-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **575 Harrison Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **5th**
year **1948** hour **4:15** minute **P.M.**
21. I hereby certify that I attended the deceased from **OCTOBER**
4th, 19**48**, to **OCTOBER 5th**, 19**48**
that I last saw her alive on **OCTOBER 5th**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **BRONCHO PNEUMONIA (both sides)**
Due to
Due to

Other conditions **107**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy **as above**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) **E. Frank Ellis**
(c) Organ of injury
23. Signature **Frank Ellis** (M.D. or other)
Address **600 East 22nd Street** Date signed **10/7/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. M. Malone
..... Licensed Embalmer No. 3994
P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.